Date: 12/15/03 Time: 1:10:56 PM

Page 1 of 2





The Bright Ideas Company, Inc.

Confidential

To: USPTO - OIPE

From: John A. Galbreath

Company:

Fax Number: 1-703-746-9195

Fax Number: 1-410-666-7274

Message:

15 December 2003

US Patent Office - OIPE - Filing Receipt Corrections

Dear Sir or Madam:

I recently received the attached filing receipt for Appl. # 10/666,230. The name of the second inventor needs to be corrected from Amir Ban-Shalom to Amir Ben-Shalom, as indicated.

If you have any questions, please call me at 410-666-7274.

Best regards,

John Galbreath

Reg. Pract. #46,718



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CONFIRMATION NO. 8478

FILING RECEIPT

.

24271 JOHN ALEXANDER GALBREATH 2516 CHESTNUT WOODS CT REISTERSTOWN, MD 21136

Date Mailed: 12/12/2003

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filling Receipt, please write to the Office of Initial Patent Examination's Filling Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filling Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filling Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filling Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Ran Poliakine, Mevasseret Zion, ISRAEL;
Amiir Ban Shalom, Mevasseret Zion, ISRAEL;
Ben

Domestic Priority data as claimed by applicant

This application is a CIP of 09/381,818 12/22/1999 which is a 371 of PCT/IL98/00135 03/25/1998

Foreign Applications

ISRAEL 120529 03/25/1997 ISRAEL 120530 03/25/1997

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Early Publicati n Requ st: No

** SMALL ENTITY **